



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

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ROY LEE ROBERTS JR, TREASURER
LETOURPRESIDENTLEAD.COM
2116 HOBBS ROAD J7
NASHVILLE, TN 371253449

IDENTIFICATION NUMBER: C00518043

REFERENCE: JULY QUARTERLY REPORT 4/1/2012 - 6/30/2012

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR §104.18. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF THE STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT. DUE TO HEIGHTENED SECURITY SCREENING MEASURES, DELIVERY OF MAIL BY THE US POSTAL SERVICE MAY BE DELAYED. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT VIA OVERNIGHT DELIVERY OR COURIER SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT DAVID GARR AT OUR TOLL FREE NUMBER (800)424-9530. OUR DIRECT LOCAL NUMBER IS (202)694-1130.

SINCERELY,

Debbie Chacona
DEBBIE CHACONA
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION (RAD)

FORM 3X

[Handwritten mark]

12030873847

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2012 AUG 14 AM 11:56
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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

LETOURPRESIDENTLEAD.COM

ADDRESS (number and street)

2116 HOBBS RD JT

Check if different than previously reported. (ACC)

NASHVILLE

TN

37215

3449

2. FEC IDENTIFICATION NUMBER ▼

C00518043

CITY ▲

STATE ▲

ZIP CODE ▲

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04' 01' 2012

through

06' 30' 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROY LEE ROBERTS, JR

Signature of Treasurer

Date

08' 08' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

12030873848

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LET OUR PRESIDENT LEAD.COM

Report Covering the Period: From: ^{MM / DD / YYYY} 04 / 01 / 2012 To: ^{MM / DD / YYYY} 06 / 30 / 2012

12030873849

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{YYYY} 2012	_____	_____ 0-
(b) Cash on Hand at Beginning of Reporting Period.....	_____ 0-	
(c) Total Receipts (from Line 19).....	_____ 1,000.00	_____ 1,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	_____ 1,000.00	_____ 1,000.00
7. Total Disbursements (from Line 31).....	_____ 0-	_____ 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	_____ 1,000.00	_____ 1,000.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	_____ 0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	_____ 0-	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LET OUR PRESIDENT LEAD.COM

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 01 2012 To: ^{M M / D D / Y Y Y Y} 06 30 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1,000.00

1,000.00

(ii) Unitemized.....

0

.

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1,000.00

1,000.00

(b) Political Party Committees.....

0.-

.

(c) Other Political Committees

(such as PACs).....

0.-

.

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1,000.00

1,000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.-

.

13. All Loans Received.....

0.-

.

14. Loan Repayments Received.....

0.-

.

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.-

.

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.-

.

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.-

.

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.-

.

(b) Levin Funds (from Schedule H5).....

0.-

.

(c) Total Transfers (add 18(a) and 18(b))..

0.-

.

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,000.00

1,000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1,000.00

1,000.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
21. Operating Expenditures:						
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share	0			0		
(ii) Non-Federal Share.....						
(b) Other Federal Operating Expenditures						
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))						
22. Transfers to Affiliated/Other Party Committees.....						
23. Contributions to Federal Candidates/Committees and Other Political Committees.....						
24. Independent Expenditures (use Schedule E)						
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....						
26. Loan Repayments Made.....						
27. Loans Made.....						
28. Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees						
(b) Political Party Committees						
(c) Other Political Committees (such as PACs).....						
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....						
29. Other Disbursements						
30. Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share						
(ii) "Levin" Share.....						
(b) Federal Election Activity Paid Entirely With Federal Funds						
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....						
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0			0		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0			0		

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 1000.00	, 1000.00
34. Total Contribution Refunds (from Line 28(d))	, .	, .
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 1000.00	, 1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, .	, .
37. Offsets to Operating Expenditures (from Line 15, page 3)	, .	, .
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, .	, .

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE <u>6</u> OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LET OUR PRESIDENT LEAD.COM

A. Full Name (Last, First, Middle Initial) ROY LEE ROBERTS, JR		Date of Receipt
Mailing Address 2116 HOBBS RD J7		06 / 03 / 2012
City NASHVILLE	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer SELF	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		 / /
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		 / /
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>7</u> OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LETOURPRESIDENTLEAD.COM

12030873854

Full Name (Last, First, Middle Initial) A. NONE		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period \$, , *
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period \$, , *
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period \$, , *
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	\$, , *
TOTAL This Period (last page this line number only).....▶	\$, , *

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
LET OUR PRESIDENT LEAD.COM

LOAN SOURCE Full Name (Last, First, Middle Initial) NONE	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , .	, , .	, , .

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional)..... ▶	, , .
TOTALS This Period (last page in this line only)..... ▶	, , .
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>LETOURPRESIDENTLEAD.COM</i>	FEC IDENTIFICATION NUMBER <i>C00518043</i>
---	---

LENDING INSTITUTION (LENDER) Full Name <i>None</i>	Amount of Loan ,	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: ,
 Amount of this Draw: ,

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 ,
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?
 ,

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Date account established: M M / D D / Y Y Y Y
 Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

12030873856

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LET OUR PRESIDENT LEAD.COM

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NOVA</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
,	,	,	,

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
,	,	,	,

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
,	,	,	,

1) SUBTOTALS This Period This Page (optional).....▶	,	,	,
2) TOTALS This Period (last page this line number only).....▶	,	,	,
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	,	,	,
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	,	,	,

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SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) LET OUR PRESIDENT LEAD.COM					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
			City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/ Type
Mailing Address			Date		
City State Zip Code			M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶			,	,	.
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/ Type
Mailing Address			Date		
City State Zip Code			M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶			,	,	.
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/ Type
Mailing Address			Date		
City State Zip Code			M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶			,	,	.
SUBTOTAL of Expenditures This Page (optional).....▶			,	,	.
TOTAL This Period (last page this line number only).....▶			,	,	.

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

LET OUR PRESIDENT LEAD.COM

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **OR**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... *100.00* %
Nonfederal %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

12030873860

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

LET OUR PRESIDENT LEAD.COM

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><u>NA</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	-	-
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	.	.
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	.	.
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	.	.
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	.	.
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	.	.
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	.	.

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**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
LET OUR PRESIDENT LEAD.COM

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NA	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative			
ii) Generic Voter Drive			
iii) Exempt Activities			
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			
b) _____			
c) Total Amount Transferred For Direct Fundraising			
v) Direct Candidate Support (List Activity or Event Identifier)			
a) _____			
b) _____			
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)			
TOTAL This Period (Generic Voter Drive)			
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)			
TOTAL This Period (Direct Candidate Support)			
TOTAL This Period (Public Communications Referring Only to Party)			
TOTAL This Period (Total Amount Transferred)			

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
LET OUR PRESIDENT LEAD.COM

A. Full Name (Last, First, Middle Initial) <u>None</u>		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____ M M / D D / Y Y Y Y
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____ M M / D D / Y Y Y Y
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	_____ M M / D D / Y Y Y Y
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 17 OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

LET OUR PRESIDENT LEAD.COM

NAME OF ACCOUNT

SAFE NON-C

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

, , .

iii) GOTV

GOTV

Total Amount Transferred for GOTV

, , .

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

, , .

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

, , .

iii) GOTV

GOTV

Total Amount Transferred for GOTV

, , .

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

, , .

TOTAL This Period (Voter ID)

, , .

TOTAL This Period (GOTV).....

, , .

TOTAL This Period (Generic Campaign Activity).....

, , .

TOTAL This Period (Total Amount of Transfers Received).....

, , .

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
LET OUR PRESIDENT LEAD.COM

A. Full Name (Last, First, Middle Initial) / Full Organization Name <u>NA</u>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))		TOTAL AMOUNT	
FEDERAL SHARE		LEVIN SHARE	
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

LETOURPRESIDENTLEAD.COM

NAME OF ACCOUNT

NA

	COLUMN A TOTAL THIS PERIOD			COLUMN B YEAR-TO-DATE		
1. RECEIPTS FROM PERSONS						
(a) Itemized (Use Schedule L-A)	?	?	*	?	?	*
(b) Unitemized	?	?	*	?	?	*
(c) Total	?	?	*	?	?	*
2. OTHER RECEIPTS	?	?	*	?	?	*
3. TOTAL RECEIPTS (Add Lines 1c and 2)	?	?	*	?	?	*
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
(a) Voter Registration	?	?	*	?	?	*
(b) Voter ID	?	?	*	?	?	*
(c) GOTV	?	?	*	?	?	*
(d) Generic Campaign	?	?	*	?	?	*
(e) Total	?	?	*	?	?	*
5. OTHER DISBURSEMENTS	?	?	*	?	?	*
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	?	?	*	?	?	*
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	?	?	*	?	?	*
8. RECEIPTS (from Line 3)	?	?	*	?	?	*
9. SUBTOTAL (Add Lines 7 and 8)	?	?	*	?	?	*
10. DISBURSEMENTS (From Line 6)				?	?	*
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)				?	?	*

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**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE <u>28</u> OF
FOR LINE NUMBER: <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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NAME OF COMMITTEE (In Full)
LETOURPRESIDENTLEAD.COM

12030873867

A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>None</i>	Date of Receipt
Mailing Address	Amount of Each Receipt this Period Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
 LETOURPRESIDENTLEAD.COM

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$, *
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$, *
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$, *
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$, *
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$, *

SUBTOTAL of Disbursements This Page (optional).....▶	\$, *
TOTAL This Period (last page this line number only).....▶	\$, *

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

12030873869

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>8/13/12</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMP
PREPARER
 (3/2005)

8/14/12
DATE PREPARED